

DATE

TO: ☐ Fiscal Division ☐ Budget Staff  
☐ Finance Division

ROOM NO. AND BLDG.

FROM: (signature)

TITLE

EXT.

OFFICE

☐ designation ☐ revocation (Check One Only of Below.)

☐  
☐  
☐

Payment clerk  
 Time and Attendance clerk  
 Supervisor Authorized to Request Approval of Overtime or Compensatory Time

NAME OF EMPLOYEE	SECTION	SPECIMEN SIGNATURE

FORM NO. 34-35  
 APR 1950